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	btor 2 buse, if filing)					_					
Uni	ited States Bankrupto	cy Court for the	EASTERN DISTRICT	OF PENNSYLVANI	A						
-		1029		_			Chec	k if this is	• •		
(If kı	nown)							n amende	J		
							_			g postpetition ollowing date:	
0	fficial Form	106I					_	/M / DD/ \		one ming date.	
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sup spo atta	plying correct infor buse. If you are sepa ch a separate sheet	mation. If you arated and you	sible. If two married peo are married and not filii ir spouse is not filing wi On the top of any additi	ng jointly, and your th you, do not inclu	spouse i ude infori	is liv mati	ing with on abou	you, incl t your spe	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more th		Employment status	■ Employed				☐ Empl	oyed		
	attach a separate page with information about additional		Employment status	☐ Not employed				☐ Not employed			
	employers.		Occupation	Self Employed							
	Include part-time, s self-employed work		Employer's name								
	Occupation may in or homemaker, if it		Employer's address	Philadelphia, P	A 19131						
			How long employed to	here?				_			
Pai	rt 2: Give Deta	ails About Mor	nthly Income								
	imate monthly incoruse unless you are s		ate you file this form. If	you have nothing to	report for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing s e space, attach a sep		ore than one employer, co	ombine the information	on for all e	empl	oyers for	that perso	on on the lir	nes below. If	you need
							For Del	btor 1		otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the month)		2.	\$		0.00	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross In	ncome. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

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Copy line 4 here
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5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. \$ 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5e. Insurance 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. Voluntary Contributions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. \$ 0.00 \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 5h. Union dues 5h. Voluntary of the deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 5h. Union dues 5h. Voluntary of the deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 5h. Voluntary of the deductions o
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* * <u> </u>
Other Medical Medical Specials.
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,500.00 \$ N/A
10. Calculate monthly income. Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and
other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
Specify: 11+\$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it
applies 12. \$ 3,500.00
Combined
monthly income
13. Do you expect an increase or decrease within the year after you file this form?No.
Yes. Explain: Expecting surviving spouse bennefit of \$600 wwithin 2 months.